

All of the following questions refer to the time period March 1, 2004, through the present date only.

For the purposes of the following questions, these phrases or words have these meanings:

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, vision, speech, hearing, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, emotional or mental illness, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completing of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee.

**FOR ALL "YES" RESPONSES TO THE FOLLOWING QUESTIONS, YOU MUST
SUBMIT YOUR WRITTEN EXPLANATION(S) ON A SEPARATE SHEET ATTACHED
TO YOUR COMPLETED *APPLICATION FOR REGISTRATION RENEWAL FORM*.**

1. Do you have a medical condition that in any way impairs or limits your ability to provide respiratory care services with reasonable skill and safety? _____ Yes _____ No

2. If you have a medical condition which in any way impairs or limits your ability to provide respiratory care services, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? _____ Yes _____ No _____ N/A

3. If you use chemical substances, does your use in any way impair or limit your ability to provide respiratory care services with reasonable skill and safety? _____ Yes _____ No _____ N/A

4. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? _____ Yes _____ No

5. Have you ever been investigated for, charged with, convicted of, or plead guilty or nolo contendere to any offense or violation of any federal (including the U.S. Military), state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, court martial or felony, excluding any minor traffic offense (driving or in control of a motor vehicle while under the influence of any chemical substance is **not** considered a **minor traffic offense**) or which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? _____ Yes _____ No

6. Have you ever been denied a license or certification/registration to provide respiratory care services or permission to practice as a respiratory care therapist or permission to take an examination to practice as a respiratory care therapist or permission to practice any other healing art in any state, country or U.S. territory? _____ Yes _____ No

7. Have you ever had a certificate or license to provide respiratory care services or any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory? _____ Yes _____ No

8. Have you ever voluntarily surrendered a license or certificate to provide respiratory care services or any other healing art in any state, country or U.S. territory? _____ Yes _____ No

9. Have you ever failed the National Board of Respiratory Care examination, or any state or other jurisdiction examination for certification, licensure or registration as a practitioner of respiratory care? _____ Yes _____ No

10. Have you ever had your registration/certification revoked, suspended and/or limited by the National Board of Respiratory Care? _____ Yes _____ No

11. Have you ever been: a) notified that you were under investigation for; b) investigated for; c) charged with; or d) convicted of any violation of a statute, rule or regulation governing your practice as a provider of respiratory care by any medical licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners? _____ Yes _____ No

CHILD SUPPORT STATEMENT

Please place a check mark next to one of the following statements:

_____ (a) I am not subject to a court order for the support of a child;

_____ (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; **OR**

_____ (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

CERTIFICATION STATEMENT

I am currently certified by the National Board for Respiratory Care.

■ ATTACH COPY OF PROOF OF YOUR CURRENT CERTIFICATION.

(YOUR COPY OF PROOF OF CURRENT CERTIFICATION WILL NOT BE RETURNED TO YOU.)

CONTINUING PROFESSIONAL EDUCATION (CE) STATEMENT

Please place a check mark next to one of the following statements:

_____ (a) I completed a minimum of 20 contact hours of continuing professional education (CE), 2 hours of which were in ethics, during the past biennial period of March 1, 2004 through February 28, 2006, as described in NAC 630.530(3)(a);

_____ (b) I was initially licensed in Nevada during the time period September 1, 2004 through February 28, 2005, the second six months of the past biennial period, and completed a minimum of 15 contact hours of continuing professional education (CE), 2 hours of which were in ethics, as described in NAC 630. 530(3)(b);

_____ (c) I was initially licensed in Nevada during the time period March 1, 2005 through August 31, 2005, the third six months of the past biennial period, and completed a minimum of 10 contact hours of continuing professional education (CE), 2 hours of which were in ethics, as described in NAC 630. 530(3)(c); **OR**

_____ (d) I was initially licensed in Nevada during the time period September 1, 2005 through February 28, 2006, the fourth six months of the past biennial period, and completed a minimum of 5 contact hours of continuing professional education (CE), 2 hours of which were in ethics, as described in NAC 630. 530(3)(d).

■ ATTACH COPIES OF PROOF OF YOUR COMPLETION OF CONTINUING PROFESSIONAL EDUCATION (CE) HOURS.

■ YOUR COPIES OF PROOF OF CE COMPLETION WILL NOT BE RETURNED TO YOU.

HOME ADDRESS & PHONE NUMBER (REQUIRED)

Street _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Fax Number _____

BY SIGNING ON THE SIGNATURE LINE BELOW:

- 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS **APPLICATION FOR REGISTRATION RENEWAL** OF LICENSE TO PROVIDE RESPIRATORY CARE SERVICES IN THE STATE OF NEVADA AND THAT ALL STATEMENTS I HAVE MADE HEREIN ARE TRUE;
- 2) I UNDERSTAND THAT THIS **APPLICATION FOR REGISTRATION RENEWAL** WILL BE DENIED IF I HAVE NOT PLACED A CHECK MARK NEXT TO (a), (b), OR (c) UNDER THE CHILD SUPPORT STATEMENT SECTION; AND
- 3) I UNDERSTAND THAT THIS **APPLICATION FOR REGISTRATION RENEWAL** WILL BE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S) AND/OR ATTACHED THERETO: (a) THE APPROPRIATE COPIES OF PROOF OF CONTINUING PROFESSIONAL EDUCATION (CE); (b) THE APPROPRIATE PROOF OF CURRENT CERTIFICATION BY THE NATIONAL BOARD FOR RESPIRATORY CARE; (c) PAYMENT OF THE \$200.00 REGISTRATION RENEWAL FEE; AND (d) WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S).

Date

Signature (**SIGNATURE STAMP UNACCEPTABLE**)